



Hillside Meadows Equestrian Center

111 George Hill Rd. - Grafton, MA 01519
508-887-9900 - www.hillside-meadows.com

STUDENT / BOARDER EMERGENCY INFORMATION AND WAIVER FORM

PLEASE PRINT

Name of Student/Boarder _____ Date of Birth _____

Name of Parent (if student is under 18 yrs. of age) _____

Address _____

City _____ State _____ Zip _____

Telephone Home _____ Work _____

Emergency Phone _____ Name _____

Medical Insurance Carrier _____

I, _____ fully understand the risks inherent in horseback riding and certify that I, (my child) ride at my own risk. Further, I agree to hold harmless and not bring suit against Hillside Meadows Equestrian Center., their Owners, Heirs, Agents, Instructors, Trainers, Contractors or Land Owners, or Hillside Meadows LLC, for any accident, personal injury, damage, or loss that may occur while riding under the supervision of Hillside Meadows Equestrian Center or their Owners, Heirs, Agents, Instructors, Trainers, Contractors or Land Owners, or Hillside Meadows LLC, or during unsupervised riding in preparation of, or cessation of, supervised instruction, or during trail or pleasure riding at Hillside Meadows Equestrian Ctr. or Hillside Meadows, LLC located at: 111 George Hill Rd. in Grafton, MA, or on surrounding landowners land.

I agree that I have been fully advised and warned by HMEC that all horse handlers, riders, and drivers should purchase and wear protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM Standard F 1163 Equestrian helmet, while riding and being near horses, and I do understand that the wearing of such headgear at these times is required by HMEC and may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of an accident.

I hereby grant HMEC the right to use, for promotional purposes only, any photographs and/or videos taken by them of me as Student or Boarder during my participation in all instructional programs and/or while boarding my horse at HMEC. I will also familiarize myself with the barn rules.

I, by signing this form below, do agree to take full personal responsibility for my or my child's decision to ride and be in personal contact with horses. I am aware that this is a release of liability and I sign it of my own free will.

WARNING Under Massachusetts Law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the MASS. General Laws.

SIGNED _____ Date _____
(Parent or Legal Guardian's signature if student is under 18 yrs. of age)

WITNESSED _____ Date _____
(For Hillside Meadows Equestrian Center)